



**Michigan Department of Community Health**  
**Medical Services Administration**  
Certification of State Expenditures  
By Local Educational Agency/Intermediate School District

Attention:

I, as financial officer of the \_\_\_\_\_, am charged with the duties of supervising the administration of the provision and billing for the School Based medical services provided under Title XIX (Medicaid) of the Social Security Act, as amended. I hereby certify that the Local Education Agency (LEA) or Intermediate School District (ISD) has expended the state share of the public, non-federal funds needed to match the federal share of cost of services billed to Medicaid.

\_\_\_\_\_ Year

\_\_\_\_\_ Total Amount Certified

I also certify that the ISD's certified expenditures were incurred in accordance with the Michigan's policy provisions in place for the services. These certified expenditures are separately identified and supported in our accounting system.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date